SYMPOSIUM SUMMARY*

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To summarize, judging by your interest in the presentations and the discussion that followed, our appraisal of the tetracyclines has been very timely. We started talking about organisms that tetracyclines are effective against, and that brought up some very interesting points.

At the present time in the United States few pneumococci are resistant to tetracycline antibiotics. This probably is due to changes in drug use in that tetracyclines are rarely given continuously through the winter months to patients with chronic lung disease.

We have brought up some interesting aspects about the pharmacology of tetracyclines, particularly their concentration in the kidney in the presence of decreased renal function, their handling by the kidney, and their ionic dissociation constants. We discussed how the tetracyclines are useful alternatives to other drugs—to penicillin, to clindamycin, and to chloramphenicol—in anaerobic pulmonary disease and in selected abdominal infections.

In an affluent population, with the great stress on the use of penicillins in the treatment of sexually transmitted diseases, we considered that the tetracyclines might be a slightly better choice, although the data are not complete.

We ended with a discussion of unusual diseases, which are not so unusual since in the past year our group has seen scrub typhus in someone who was photographing on Mount Fujiyama, *Brucella melitensis* from drinking camel's milk in the desert, and unrecognized Rocky Mountain spotted fever acquired on a holiday on Martha's Vineyard.

Clearly, the tetracyclines remain an extremely useful class of drugs despite the advent of the cephalosporins, the broader-spectrum penicillins, and the aminoglycosides.

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